UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/114
2 March 1992

ORIGINAL: ENGLISH

Thirty-ninth session
4 - 29 May 1992, Geneva
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Bhutan
Support for a comprehensive population programme

Proposed UNFPA assistance:	$2.8 million, of which $2.2 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $600,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	July 1992
Executing agencies:	Government of Bhutan United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Planning Commission Ministry of Social Services

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BHUTAN

Demographic facts

Population Total (000)	
Total	1,516
Males	784
Females	732
Sex ratio (/100 females)	107.2
Urban	81
Rural	1,435
Per cent urban	5.3
Population in year 2000 (000)	1,906
Functional age groups (%)	
Young child: 0-4	15.3
Child: 5-14	24.4
Youth: 15-24	19.3
Elderly: 60+	5.5
65+	3.4
Women: 15-49	23.2
Median age (years)	20.0
Dependency ratios: total	75.6
(/100) Aged 0-14	69.7
Aged 65+	5.9
Agricultural population density (/hectare of arable land)	11.9
Population density (/sq. km.)	32
Average annual change (000)	
Population increase	36
Births	61
Deaths	25
Net migration	0
Annual population total (% growth)	2.26
Urban	5.90
Rural	2.04
Crude birth rate (/1000)	38.2
Crude death rate (/1000)	15.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.53
Gross reproduction rate (/woman)	2.70
Net reproduction rate (/woman)	1.92
Infant mortality rate (/1000)	118
Life expectancy at birth (years)	
Males	50.6
Females	49.4
Both sexes	50.0
GNP per capita (U.S. dollars, 1989)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

* not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $2.8 million, of which $2.2 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Bhutan in achieving its population and development objectives. UNFPA would seek to provide the balance of $600,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on government priorities and strategies as elaborated in the Seventh Five-Year Plan document, particularly those for the health, education, environment and women sectors; the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission that visited Bhutan in 1991; and extensive discussions with senior officials of the Planning Commission, the Ministry of Social Services, other sectoral ministries and religious leaders, as well as with representatives of other agencies of the United Nations system and bilateral donors. The new programme is designed to coincide with the Government's Seventh Five-Year Plan (1 July 1992 to 30 June 1997) and with the programmes of the following partners of UNFPA in the Joint Consultative Group on Policy (JCGP): the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), and the World Food Programme (WFP).

3. The population goal of the Government is to reduce annual population growth from over 2 per cent to less than 2 per cent by the year 2000. Other population objectives are to: (a) reduce maternal mortality by half by the year 2000 from an estimated 770 per 100,000 live births in 1990; (b) reduce infant mortality rates to 50 per 1,000 live births by the year 2000 from an estimated rate of 142 per 1,000 live births in 1984; (c) substantially improve the health conditions and chances of survival of children under age 5; (d) promote the education of women and make special efforts to increase their involvement in the economic development of the country; and (e) ensure nationwide access to and availability of primary health services, including family planning, education and Safe Motherhood practices by the year 2000. One of the main themes of the Seventh Five-Year Plan is fostering sustainable development and the pursuit of a balance between population, the country's resources and the environment.

4. The broad objectives of the proposed UNFPA programme would be to: (a) assist the Government in building the national capacity for population policy formulation, data collection and analysis, population planning and programme coordination; (b) expand the network of maternal and child health and family planning (MCH/FP) service points and the referral system of maternity emergency care; (c) substantially increase community-based maternity care with expansion of outreach clinics and community participation; (d) improve the quality of MCH/FP services with emphasis on the training of health care providers; (e) increase the demand for family planning services and provide needed contraceptive supplies and equipment; (f) promote the integration of women into mainstream development activities; and (g) develop and institutionalize population information, education and communication (IEC).

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para.14 (e)); and that all couples and individuals have

the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

6. The Buddhist Kingdom of Bhutan, with a land area of 46,500 square kilometres, is landlocked and situated in the eastern Himalayas between India and China. The terrain is almost entirely mountainous. The majority of the population is widely dispersed along narrow strips of arable land in deep valleys, hilly slopes and riverine areas, at altitudes that can vary dramatically within a few kilometres. The difficult geography and the dispersion of the population are accompanied by limited transportation and communication infrastructures, posing great challenges to economic development and to the creation of an effective MCH/FP delivery and logistics system.

7. Demographic trends. There is considerable uncertainty about the de facto population of Bhutan. Official United Nations estimates, which are based on projections of a largely accepted 1981 figure of 1.2 million, place today's population at between 1.4 to 1.5 million. However, following a district-by-district registration, the Government announced in 1990 that nationals numbered 600,000 and that there were also a significant, but unspecified, number of non-nationals. Precise estimates of the overall population may not be available for some time. This large discrepancy is explained by the fact that Bhutan shares a long and porous border with India and that, at any given time, there are various categories of people, including those without legal residence, who cross the border to utilize and benefit from the country's free social services. After reviewing a variety of government information and data, the PRSD mission adopted the estimate of a total population of 1 million for planning purposes. (Official United Nations estimates are given in the data sheet on p. 2.)

8. According to the PRSD mission's findings, Bhutan has entered a phase of demographic transition characteristic of many developing countries, reflecting an acceleration in the rate of population growth. While recent estimates of fertility and mortality are not available, a 1984 government survey suggests that the crude birth rate was around 39.1 per thousand and the crude death rate was approximately 19.1, resulting in a rate of natural increase of 2 per cent per year. According to the same survey, the total fertility rate was 5.9, expectation of life at birth for males and females was 45.8 and 49.1 years, respectively, and the infant mortality rate was estimated at around 142 per 1,000 live births. Preliminary results from a government survey of March 1991, indicate that the infant mortality rate has declined significantly following successful immunization campaigns and may now be 118 per 1,000 live births for females and 128 per 1,000 for males. Correspondingly, expectation of life at birth is estimated at 52.2 years for males and 53.9 for females. The maternal mortality rate remains very high and is estimated at 770-800 maternal deaths per 100,000 live births. The total fertility rate has probably increased or, at best, remained constant in recent years at 5.9-6.0 children per woman. Department of Health figures show the total fertility rate could be as high as 6.16. The PRSD mission suggested that the rate of natural increase is between 2-3 per cent per year and increasing, and that in the 1990s there would be a 35 per cent increase in population.

9. Thimphu, the capital, and other main townships have less than 30,000 inhabitants each. The total urban population comprises only 13 per cent of the population, and urbanization is not a major issue. This could change, however, with shifts in demographic conditions and with consequent pressure on land resources, resulting in a gradual increase of unemployment in urban areas and among youth.

10. Economic and social conditions. The economy is predominantly rural and subsistence based, despite the fact that only 8.8 per cent of the country's area is suitable for agriculture. Over 87 per cent of the population in the age-group 15-64 is engaged in agriculture and allied activities, but the share of this sector in the gross domestic product (GDP) is only 40 per cent and is declining.

11. Economic performance has been very positive in recent years mainly as the result of the commissioning of a large hydro-electric power plant that exports electricity. However, prospects for continued growth are constrained by an acute shortage of both skilled and unskilled labour, high production costs, the small size of the internal market, the country's remote location and dispersed population, and the limited infrastructure. There has been a slow-down in the economy since 1990, and the budgetary deficit may worsen in 1992 with serious consequences for essential services and the operation of schools and health centres. Although Bhutan is not afflicted by the widespread poverty of other least developed countries, continuing problems include difficult access to social services, safe water, sanitation, the high infant and maternal mortality rates, nutritional problems among children, and the low levels of literacy and education.

12. The Government is committed to the social goal of health for all by the year 2000 and has adopted the primary health care approach to achieve this objective. Modern health services were first introduced in the early 1960s and the main health infrastructure was put in place in the 1970s. Considering the recency of these developments, improvements in health and mortality have been significant. It is estimated that in 30 years the under-5 mortality rate has decreased from 246 to 197 per 1,000, the infant mortality rate from 158 to 123 per 1,000 and the crude death rate from 22 to 17 per 1,000.

13. Bhutan's literacy ranks low among South Asian countries, but the Government has committed itself to achieving universal education by the end of the century. The modern education system started in the 1960s. Although enrolment ratios are still modest, there has been remarkable progress in less than 30 years. Drawbacks are the lack of school facilities imposed by resource constraints, long distances to schools, the inadequate numbers of trained teachers, and inappropriate curricula. Enrolment is significantly lower for girls at all levels of the system, within an overall rate of about 39 per cent. School drop-out rates are highest at the end of primary school and at the end of junior high school and average about 30 per cent.

14. Women in Bhutan are guaranteed equal status with men, and in many parts of the country the right of inheritance follows the matrilineal line. Women are entitled to own land and property, manage their money, engage in business, and take decisions concerning crops. However, women, particularly in rural areas, still have limited access to education, and this places them at a disadvantage in a society in transition between a barter and a market economy. Realizing the importance of increasing woman's participation in the development of the country, the Government has accorded high priority to women's education and women's health in the Seventh Five-Year Plan.

15. Bhutan does not have an explicit population policy, and government statements about the implications of rapid population growth for economic and social development have been made only in recent years. Although family planning was introduced in 1974, it was viewed as an additional health service, and efforts have remained modest to date. More recently, however, the Government has become concerned about the effects of excessive population growth, particularly on the depletion of forests and on the deterioration of the environment in general. High fertility, early pregnancy, and problems of birth spacing are also viewed as detrimental to the health of mothers and children. This growing awareness is reflected in the draft 1990 resolution on "Population Planning in Bhutan", in the May 1990 "Declaration on Environment for Sustainable Development", and in the Seventh Five-Year Plan document.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

16. External assistance constitutes a relatively large proportion of government expenditures on social sector programmes, but UNFPA is the only important population donor. UNFPA support started in 1981 in a limited way to address specific needs in family health. In 1988 the first country programme was approved in the amount of $1.5 million for 3 years to expand and strengthen MCH/FP services, utilize parasite control as an entry point for family welfare, and introduce population education into the formal school system.

Maternal and child health and family planning

17. Assistance in the MCH/FP sector provided funds for construction and provision of equipment to basic health units, MCH centres in referral hospitals, and for establishing a family health training centre for in-service training of paramedical staff and health workers. A total of 14 basic health units and 2 MCH centres were constructed and equipped before 1988, and 14 new basic health units were funded under the first country programme. A National Institute of Family Health (NIFH) complex was constructed in the south at Gaylegphug, and curricula for various categories of paramedical staff and health workers were prepared. During the first country programme period, the NIFH was expanded with a hostel, a store-room and staff quarters. Although the centre has not been used since January 1991 due to political disturbances in the south, interim measures have been taken to organize basic courses in Thimphu at the Royal Institute of Health Services (RIHS), an institution providing pre-service training for paramedicals. An evaluation undertaken in 1991 and the PRSD mission findings suggest that the project was successful in expanding the primary health network although the shortage of Auxiliary Nurse Midwifes severely limited the delivery of family planning services. Delays in construction work due to labour and building materials shortages eased by extending the project through most of 1992. A more serious problem has been the delay in delivery of contraceptive supplies and equipment, and, in general, the effectiveness of the project in promoting utilization of family planning services. About 40 per cent of the population is still reached only through monthly outreach clinics, and future programmes need to reflect this situation and include measures to actively involve communities. Other assistance in MCH/FP project concentrated on parasite control in five districts. While there was a sharp decrease of parasite infestation in the project area, its role in promoting family planning services was not successful.

18. Human resource development activities included 106 in-service training courses at the NIFH. Medical staff received training in vasectomy procedures, although introduction of mini-lap operations has not met with success because of a lack of anaesthetics, the need for greater surgical skills and the shortage of medical doctors. While training needs to be continued and strengthened, more emphasis should be placed in the future on family planning and contraceptive technology.

Information, education and communication

19. The other area of UNFPA assistance during the first country programme was for population education activities. Support was envisaged for integrating population education concepts into relevant subjects in the primary and secondary school curricula and for in-service training of teachers, health workers, community leaders and village volunteers; due to a late start most of these activities will be undertaken in 1992. A national seminar was convened in 1990 to review the country's health situation and to discuss for the first time a national population education programme. Ongoing activities include curricula development, printing of population material, and training of curriculum writers. A review indicates that future activities need to

address the actual teaching of population education in classrooms, working to orient community leaders about population issues and to carry on follow-up activities with the communities addressed.

Other external assistance

20. In the health, education, and population sectors, the World Food Programme (WFP) provides food commodities for infants, expectant and nursing mothers, in-patients at hospitals and school children to improve their nutritional status. The UNICEF programme reflects concern for reduction of child and maternal mortality, morbidity, disability, improved child development, and expanded learning opportunities for young children, especially girls. Other activities aim at increasing community involvement in implementation of development activities. UNDP has focused support on a large umbrella programme for the development of human resources, both in-country and outside, to alleviate critical trained manpower shortages and to strengthen the management and programme capabilities of the civil service, and assistance for water supply and sanitation. WHO assistance has been directed at primary health care and health manpower development. The World Bank is involved in primary education, and a number of bilateral donors support programmes of sanitation, health services, human resource development and preservation of the environment, particularly Denmark and Switzerland. External assistance has been successful in addressing key short-term issues, but more substantive investments should have been made in infrastructure, expansion of services and development of human resources. At the same time, while the Government's capacity to execute, coordinate, implement and utilize external assistance has been remarkable, the critical shortage of personnel and labour have posed severe constraints to the interventions of both the Government and the various donors.

IV. PROPOSED PROGRAMME 1992-1997

21. The overall goals of the government population programme are detailed in paragraph 3 above. The Government has also established the following short-term population objectives for the term of the five-year programme: (a) to expand MCH/FP services by 60 per cent; (b) to provide prenatal and postnatal services to 90 per cent of pregnant women; (c) to ensure delivery by trained personnel of 50 per cent of births; (d) to utilize a variety of extension workers to create population awareness and promote the participation of communities; (e) to institutionalize population education in the formal education system; (f) to provide regular supplies of contraceptives and sterilization services to eligible couples; and (g) to monitor and evaluate MCH/FP services and training programmes.

22. Although feasible, the PRSD mission felt that the above objectives need to be supported by other interventions and recommended that UNFPA's future assistance be expanded to areas addressing the following issues: (a) lack of adequate and reliable data on population, particularly gender-specific data; (b) inadequate institutional capacity to collect, analyse and disseminate data and results; (c) the need for better understanding of population development issues in the socio-cultural context of Bhutan, particularly gender-specific considerations; (d) need for a comprehensive population programme and policy; and (e) inadequate management information systems and family planning motivation.

23. Accordingly, the proposed UNFPA second country programme plans to employ the following strategies: (a) strengthening the Central Statistical Organization as the coordinating agency for data collection, analysis and dissemination; (b) utilization of the planned 1995 census to provide reliable gender-specific population data; (c) creation of a focal point in the Planning Commission to ensure that population is integrated into the wider context of socio-economic interventions; (d) development of population research capabilities; (e) expansion of Safe Motherhood practices; (f) provision of a wide range of contraceptives at

the primary health level and extension of service coverage and outreach; (g) utilization of women as Voluntary Village Health Workers (VVHWs); (h) development of a comprehensive IEC programme; and (i) utilization of available interpersonal communication channels such as community and religious leaders to create population awareness and to increase the demand for services.

Maternal and child health and family planning

24. In 1991 the entire primary health network consisted of 72 basic health units, 6 health posts and 350 outreach clinics. Although these service points are well distributed in the country, they are badly understaffed due to severe shortages of Auxiliary Nurse Midwives. Another critical shortage is the limited number of Voluntary Village Health Workers, most of whom are males and are not fully effective in delivering MCH/FP services. The PRSD mission noted that prenatal, delivery, post-natal, infant and child health services were only adequate in the 3 regional referral hospitals and in a few of the 18 district hospitals. Emergency care for high-risk pregnancies was only available at two regional and at two district hospitals. Lack of MCH/FP facilities and personnel was the main reason for the very low contraceptive prevalence of 10-12 per cent of eligible couples. Even where available the quality of contraceptive services is not fully satisfactory.

25. Although delivery of MCH/FP services has improved in the last decade, pregnant women are at risk of life-threatening pregnancy complications, which is the leading cause of death among women of child-bearing age. Strategies most likely to produce a substantial decline in maternal deaths are those that facilitate treatment of pregnancy complications and prevent unwanted pregnancies. UNFPA proposes to strengthen MCH/FP services, provide medical equipment for referral of pregnancy risk cases and basic equipment for basic health units, annual replenishment of contraceptives, development of human resources and specialized technical assistance. In line with PRSD mission recommendations, the programme would continue to support infrastructure and the extension of outreach services. The human resource development programme would include support for specialized training of doctors and various cadres of medical staff; training in counselling, service provision and safe-motherhood practices, and training of middle- and top-level health officials in management, programme implementation and evaluation.

26. UNFPA would provide a total amount of $1.6 million for activities in the area of MCH/FP, of which $350,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

27. UNFPA would support efforts to integrate motivation, health education and information dissemination into MCH/FP activities with a focus on women, including Safe Motherhood initiatives, and youth. Activities would include: (a) strengthening of advocacy and communication in the training curricula of the NIFH and the RIHS; (b) skills training in counselling to handle misconceptions about family planning methods and to motivate family planning acceptance; (c) use of clinical information for developing audience-specific materials. Support is also proposed for outreach activities, particularly the production of materials for religious leaders, lay-priests, community leaders, and for research, and sociocultural studies. Assistance would be provided to the Bhutan Broadcasting Service and the Development Support Communication Division for the development of suitable population extension material and radio programmes.

28. In the population education sector, present UNFPA activities, which focused on implementation at primary-school level, would be sustained. Monitoring and evaluation of actual classroom teaching of population education would be carried out using knowledge-attitude-practice (KAP) studies. At the same

time, population education would be introduced in teacher-training colleges, in the National Institute of Education, and in high-schools. The entire programme would be evaluated through impact studies before and after new activities are launched. Human resource development activities would also include training in programme management, monitoring, evaluation, and research. Other activities would focus on population education for school dropouts, particularly girls.

29. UNFPA proposes a total amount of $650,000 for population IEC activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

30. The PRSD mission noted that the absence of an accurate database on population, especially on demographic and socio-economic characteristics, poses serious problems to development planning. The Government plans to continue efforts to strengthen the Central Statistical Organization (CSO) as the coordinating agency for all data on population and has planned a population census in 1995. UNFPA would support preparatory activities related to the 1995 population census and to strengthen the capabilities of the CSO as regards survey, sampling, and questionnaire design. Activities would include building a cadre of trained staff, with emphasis on female investigators; the provision of limited data processing equipment and software; and the design of a sample survey to collect data on households, occupations, education, fertility, and contraceptive patterns at the time of the census. Further technical assistance would be provided to document problems in the vital registration system. UNFPA proposes a total amount of $300,000 for activities in the field of data collection and analysis.

Population policy formulation

31. The Government has prepared a draft document on population planning, primarily relevant to the family planning programme of the Department of Health. The implementation of the policy requires the integration of concerns of all the ministries and departments affected by population planning. UNFPA proposes to support the establishment of a focal point on population in the Planning Commission and a population and family planning documentation unit in the Department of Health, promote socio-cultural research on key population issues, and organize seminars on the integration of population and development issues. UNFPA would provide $100,000 for this sector.

Women, population and development

32. The Government recognizes that women are the cornerstone of change, especially with regard to family planning. In line with the government objective of promoting women's education and involvement in development activities, the PRSD mission recommended, inter alia, the following areas of action: (a) sensitization of government officials and planners about the importance of women in development; (b) encouraging women's education; (c) increasing women's access to family planning information and MCH/FP services, which would include Safe Motherhood initiatives; (d) encouraging child-spacing; and (e) promoting women's employment and income opportunities. Most of these activities are already envisaged under the MCH/FP sector and in the plans and projects of other donors. The institutional capability of the Government to implement women's programmes is also very limited. Taking these factors into account, UNFPA's support is proposed for gender-sensitization activities and for population-specific studies. UNFPA proposes a total amount of $100,000 for women, population and development activities, of which $50,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

33. The proposed programme would include a reserve of $50,000 to accommodate unforeseen activities that may arise during the programme period.

Programme coordination

34. The counterpart body for UNFPA activities is the Department of Health in the Ministry of Social Services. This arrangement is expected to continue through the next programme cycle, although the establishment of a focal point on population in the Planning Commission would represent an important new development for future coordination arrangements. There are various external multilateral and bilateral organizations which complement UNFPA's efforts in many ways, but coordination and linkage between and among donors needs to be improved. UNDP took the lead role in 1991 in organizing a Workshop on Joint Programming and UNFPA remains closely associated with this development. Thus, the new programme is designed to coincide with the Government's Seventh Five-Year Plan and with the programme cycles of UNDP, UNICEF and WFP, partners with UNFPA in the Joint Consultative Group on Policy (JCGP). Collaborative activities are envisaged with UNDP in data collection and analysis, with UNICEF, WHO, WFP, and UNDP in the area of MCH/FP, with UNICEF, UNDP, the World Bank and WFP in population IEC, with UNDP and UNICEF in women, population and development activities, and with various United Nations agencies on environmental issues.

Programme monitoring, evaluation and management

35. Mechanisms for periodic monitoring and evaluation, including regular technical reviews would be built into each programme component. At least one MCH/FP and one population education project would be selected for in-depth evaluation. The proposed second country programme would be managed, as in the past, through the Bhutan Office of the UNDP Resident Representative, who is also the UNFPA Representative and thus has overall coordinating responsibilities. The UNFPA Country Director would continue to be based in New Delhi, India, and be responsible for assisting the UNFPA Representative in the programming and implementing of UNFPA activities, for making regular visits to Bhutan and for ensuring close communication with the UNDP Office. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that would become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

36. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $2.8 million over the five-year period 1992-1996, of which $2.2 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $600,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,250,000	350,000	1,600,000
Information, education and communication	450,000	200,000	650,000
Data collection and analysis	300,000	--	300,000
Population policy formulation	100,000	--	100,000
Women, population and development	50,000	50,000	100,000
Programme reserve	50,000	--	50,000
TOTAL	2,200,000	600,000	2,800,000

V. RECOMMENDATION

37. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Bhutan in the amount of $2.8 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2.2 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to seek to provide the balance of $600,000 of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Bhutan and with the executing agencies.